

DEPARTMENT OF DEFENSE CRITICAL ACQUISITION POSITION - ROTATION REVIEW SUMMARY				REPORT CONTROL SYMBOL	
COMPONENT/ORGANIZATION					
1. TO (<i>Acquisition Career Program Board (ACPB)</i>)		2. VIA (<i>Reviewing Official</i>)		3. FROM (<i>Organization and Address</i>)	
POSITION DATA					
4. POSITION NUMBER		5. JOB TITLE		6. GRADE/RANK	
7. ORGANIZATION/LOCATION				8. MILITARY RESERVED POSITION (<i>X one</i>)	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
INCUMBENT IDENTIFICATION AND PERSONAL DATA					
9. NAME (<i>Last, First, Middle Initial</i>)			10. GRADE/RANK		11. SSN
12. ACQUISITION CAREER FIELD		13. DATE OF ASSIGNMENT TO CURRENT POSITION (<i>YYMM</i>)		14. DATE OF REVIEW (<i>YYMM</i>)	
15. DISPOSITION. A review has been conducted to determine whether it is in the best interest of the Government and the incumbent to reassign the individual from the acquisition position under review. After reviewing all relevant factors, it has been determined that: (<i>X one</i>)					
<input type="checkbox"/> THE INCUMBENT SHOULD REMAIN IN THE PRESENT POSITION					
<input type="checkbox"/> THE INCUMBENT SHOULD BE REASSIGNED TO ANOTHER POSITION (<i>Complete Item 17</i>)					
16. DATE OF NEXT REVIEW (<i>YYMM</i>)		17. PLANNED NEW POSITION			
		a. JOB TITLE		b. GRADE/RANK	c. ORGANIZATION
18. REQUESTING OFFICIAL					
a. TYPED NAME		b. GRADE/RANK		c. ORGANIZATION	
d. SIGNATURE					e. DATE
19. ACQUISITION CAREER PROGRAM BOARD ACTION (<i>X one</i>)					
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	a. NAME			b. DATE